PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/585,994

| | | CLAIMS A | SMALL ENTITY TYPE | | OR | OTHER THAN R SMALL ENTITY | | | | | |
|---|--|---|---|---|-----------------------|----------------------------------|---------------------|------------------------|-----|---------------------|------------------------|
| U.S. NATIONAL STAGE FEES | | | (Column 1) | | | Column 2) | RATE | FEE | | RATE | FEE |
| BAS | IC FEE | | SMALL ENT. | = \$ 150 | LARG | SE ENT. = \$ 300 | BASIC FEE | | OR | BASIC FEE | 300 |
| EXA | MINATION FEI | E · | Satisfies PCT Article 33(1)- (4) = \$50 / \$100 | | | her situations = 100 / \$ 200 | EXAM. FEE | | | EXAM. FEE | 200 |
| SEA | RCH FEE | | U.S. is ISA = \$50 / \$ 100 ALL other countries = \$200 / \$400 | | | ther situations = 250 / \$ 500 | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE | FOR EXTRA S | PEC. PGS. | _ minu | _ minus 100 = | | / 50 = | X \$ 125 = | | | X \$ 250 = | |
| тот | AL CHARGEAB | BLE CLAIMS | 12 minus 20 = * | | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDE | PENDENT CL | AIMS | ₩ minus 3 = * | | * | | X \$ 100 = | | OR | X \$ 200 = | 200 |
| MUL | TIPLE DEPEN | DENT CLAIM PRI | ESENT | SENT | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | | OR | TOTAL | 1100 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL E | NTITY | OR | OTHER | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus *** | | | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| TOTAL ADDIT. FEE | | | | | | | | | OR: | TOTAL ADDIT. FEE | |
| | | (Column 1) | , | | | • | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | (Colui HIGH NUM PREVIO PAID | IEST IBER OUSLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * . | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ 100 = | | OR | X \$ 200 = | · |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Barbara Campbell, PCT National Stage Division ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |